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DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps

FINAL REPORT OF FINDINGS

Administrative Data

Date of Site-Visit:	Date of previous Site-Visit:	Name of Facility:
09/18/2017	10/18/2016	Laredo Processing Center

Name of Reviewer:	Area of Responsibility/Field Office:
ICE	SNA AOR

Accreditation Standard (check all that apply):

☒ NDS ☐ PBNDS 2008 ☐ PBNDS 2011 ☐ ACA ☐ NCCHC ☐ Other:

ICE Population Characteristics

Total ICE Population:	Male:	Female:	Transgender:	Pregnant:
298	134	164	0	1

Total Housed in Segregation:	Administrative:	Disciplinary:	Disabled:	Medical:	Mental Health:
0	0	0	0	0	0

Facility Administration

Health Services Administrator	Clinical Director
Name: ICE	Name: ICE
Email: ICE	Email: ICE
Phone Number: ICE	Phone Number: ICE
Address: 4702 E. Saunders Laredo, TX 78041	Address: 4702 E. Saunders Laredo, TX 78041

Medical Care

☒ Compliant Non-Compliant with: ☐ 1 – 2 Standards ☐ 3 Standards ☐ >3 Standards

Description of deficiencies:
No NDS deficiencies.

PREVIOUS FINDINGS (October 2016): No findings noted.

Chronic Care *Enter all detainees with chronic conditions on the IGSA/CDF chronic care tracking sheet and submit with report.*

Total number with chronic conditions:	Total number with unstable chronic conditions:
19	0

☒ Compliant Non-Compliant with: ☐ 1 – 2 Standards ☐ 3 Standards ☐ >3 Standards

Description of deficiencies:
POLICIES REVIEWED: LPC Policy 13-6, "Chronic Care and Disease Management" is compliant with NDS.

No NDS deficiencies were identified during this site visit.

PREVIOUS FINDINGS (October 2016): No findings noted.

Hunger Strike

Total number on active hunger strike:	Total number of hunger strikes in last 12 months:
0	0

☒ Compliant Non-Compliant with: ☐ 1 – 2 Standards ☐ 3 Standards ☐ >3 Standards

Description of deficiencies:
POLICIES REVIEWED: LPC Policy 13-46, "Hunger Strikes" is compliant with NDS.

There have been no reported hunger strikes within the past 12 months. Review of facility hunger strike policy noted to follow NDS standards.

PREVIOUS FINDINGS (October 2016): No findings noted.

Suicide Prevention and Intervention

Total number on suicide watch:	Total number of suicide watches in last 12 months:
0	3

☒ Compliant Non-Compliant with: ☐ 1 – 2 Standards ☐ 3 Standards ☐ >3 Standards

Description of deficiencies:
POLICIES REVIEWED: LPC Policy 13-84, "Suicide Management" is compliant with NDS.

Three medical charts were reviewed and found to comply with both facility policy and NDS standards.

PREVIOUS FINDINGS (October 2016): No findings noted.

Terminal Illness, Advance Directives, and Death

Total number of active DNR cases:	Total number of deaths in last 12 months:
0	0

☒ Compliant Non-Compliant with: ☐ 1 – 2 Standards ☐ 3 Standards ☐ >3 Standards

Description of deficiencies:
POLICIES REVIEWED: LPC Policy 13-3, "Advance Directives: Living Will/Durable Power of Attorney for Health Care" is compliant with NDS.

There have been no reported deaths, detainees with terminal illness, or detainees with advance directives within the last 12 months.

PREVIOUS FINDINGS (October 2016): No findings noted.

Other Observations

Site visit was completed from 9/18/2017 to 9/19/2017. The audit consisted of a review of 78 medical charts, the facility grievance log, staff credential folders, staff training transcripts, and the policy and procedure manual.

--FACILITY DATA:
Laredo Processing Center (LPC) is a dedicated IGSA facility owned and operated by Corrections Cooperation of America (CCA). The facility houses both male and female ICE detainees. The facility follows National Detentions Standards (NDS) and has no accreditations.

--POPULATION CHARACTERISTICS:
-Total Inmate Capacity - 404
-Average Daily ICE Population for 2017 - 296.56

--ACCREDITATIONS/INSPECTIONS:
-NDS (Nakamoto) - June 2017 - no findings
-PREA - pending

--MEDICAL CLINIC/INFIRMARY:
-The medical clinic is small in size. There are two total medical exam rooms. There is a medical observation unit containing two rooms that have negative air pressure capability. There is one exam room equipped with a dental chair. There is no pharmacy. There is no dedicated urgent care room. Equipment includes one AED, a portable oxygen tank, electrocardiogram machine, two gurneys, and one emergency equipment box. Emergency equipment is checked daily by nursing staff.

--SPECIAL MANAGEMENT UNIT:
-LPC has four cells used for disciplinary and administrative segregation. One of the cells is also used as a safe cell for detainees on suicide watch. All dangerous items have been removed and the bed is bolted to the ground. At the time of the audit there were no ICE detainees in segregation or on suicide watch.

--MEDICAL STAFFING:
-Full-time staff includes:
(1) Health Service Administrator (HSA) who is a registered nurse (RN)

(1) Clinical Supervisor who is an registered nurse
(1) RN
(4) Licensed Practical Nurses (LPN)
(2) Emergency Medical Technicians (EMT)
(1) Medical Records Technician (MRT)
-Part-time staff includes:
(1) Clinical Director/Physician (MD) who works 2 hours a week
(1) Nurse Practitioner (NP) who works 8 hours a week (two 4 hour shifts/week)
(1) RN who works up to 24 hours per week
(2) LPNs who work up to 30 hours per week
(1) Dentist who works 4 hours a week
(1) Mental Health Coordinator who is a Licensed Professional Counselor (LPC) who works 20 hours per week
(1) Psychiatrist who works 2-6 hours per week
-The physician, NP, dentist and LPC provide 24/7 on-call coverage. Coverage is adequate, as all chronic care appointments and physical exams are completed promptly after intake.
-Vacant Positions: None

OTHER SUPPLEMENTAL INFO:
-Laredo Processing Center uses an electronic medical record called Allscripts for all documentation.
-Reviewed 19 (100%) staff licensing credentials. All licensed personnel had current copies of licensing and all had up to date BLS certification. All credentialed staff were licensed in the state of Texas.
-Annual training was reviewed. Medical staff receive yearly training on a variety of topics including suicide prevention, cultural diversity, and emergency plan/procedures. All employees have a transcript documenting completed training.
-The policy and procedure manual was reviewed. All policies reviewed were consistent with NDS standards. The policies were last reviewed by administration in October 2016.

Deficiencies for Areas Evaluated

NDS DEFICENCIES: None

QUALITY OF CARE FINDINGS:
-Peak flow measurements were not recorded on the majority of charts reviewed (repeat finding).
-Specialty care orders did not contain a time urgency included on the order (repeat finding).
-A mental health referral took over seven days to be seen by a mental health provider (repeat finding).
-Several MARs had "no show" documented without a corresponding refusal form or notation in the medical record.
-HIV, STI, and viral hepatitis lab work was not ordered on pregnant detainees.
-Patient education on lab results was not consistently documented.
-A list of detainees with disabilities is not maintained by the HSA.
-Clinical management of asthma was not consistent with the clinical practice guideline.
-One instance where CD4+ and viral load not completed within 14 days following HIV identification.

Suicide Screening

POLICIES REVIEWED: LPC Policy 13-84,"Suicide Management" was reviewed and is compliant with NDS standards.

LPC utilizes a Special Management Cell which has been modified to house and monitor suicidal detainees. The facility also maintains two cut-down tools; one secured in the control booth and one carried by the shift supervisor.

-Three detainees at LPC have been on suicide watch since the previous FMC site visit. The IHSC Quality of Care Audit Tool was used to review this medical record.
-An initial suicide screening is performed at intake. The screening includes questions pertaining to history of suicide attempts and for current suicidal ideation.
-All clinic staff and all facility staff in direct contact with detainees receive annual suicide prevention training. Training includes how to assess for suicide risk.
-No deficiencies were identified in the three charts reviewed. 3 of 3 (100%) were evaluated by a mental health professional within 24 hours of identification and then daily while on suicide watch. Constant watch by detention officers was maintained for the duration of the three suicide watches and checks were consistently documented. None of the charts reviewed showed evidence that earlier intervention would have prevented deterioration to the point of need for suicide watch.

PREVIOUS FINDINGS (October 2016): No findings noted.

Health Assessment

POLICIES REVIEWED: LPC Policy 13-50, "Initial Intake Screening" and LPC Policy 13-40, "Health Appraisals" were reviewed and are compliant with NDS standards. Per policy, all health appraisals at LPC are done by a physician or a Licensed Independent Practitioner (LIP).

Twenty charts were reviewed using the IHSC Quality of Care Audit Tool to evaluate this area.
-20 of 20 (100%) had an initial intake screening within 12 hours of booking.
-Chest x-rays are used for TB screening and are done within the first 12 hours at the facility.
-7 of 7 (100%) received timely follow-up for significant findings of acute or chronic conditions.
-20 of 20 (100%) had a complete health evaluation completed within the first 14 days.
Detainees with chronic illness are seen on the next working day that the physician or nurse practitioner is on duty. Following the completion of the health appraisal the medical provider initiates appropriate clinical protocol and refers the patient to the chronic care nurse. The chronic care nurse will follow the ordered protocol which involves ordering appropriate lab work and the scheduling of certain procedures. The patient is then scheduled to see the medical provider within the first 30 days for a chronic care appointment at which time the provider will have the appropriate lab work to review.

PREVIOUS FINDINGS (October 2016): No findings noted.

Urgent Care (Sick Call)

POLICIES REVIEWED: LPC policy 13-80, "Sick Call" was reviewed and is compliant with NDS standards.

The sick call process is initiated by a detainee filling out a paper sick call request. All dorms have a sick call box, and nursing staff pick up the requests daily at 0600. A nurse triages the requests, and detainees are evaluated within 24 hours. Non-urgent requests are seen by nurses who use clinical protocols which direct care. A provider co-signs all nursing encounters.

Ten charts were reviewed using the IHSC Quality of Care Audit Tool.
-10 of 10 (100%) charts had timely and appropriate evaluations by nursing staff (all within 24 hours), care delivered within the scope of the nurse's license, and vital signs documented. None of the sick call encounters reviewed required referral to a provider;

however, all sick call notes were cosigned by a medical provider.

PREVIOUS FINDINGS (October 2016): No findings noted.

Evaluation of Care Provider to ED/Hospital Visit for Conditions Sensitive to Ambulatory Care

POLICIES REVIEWED: POLICIES REVIEWED: LPC policy 13-34, "Medical Emergency Response" and LPC Policy 13-64, "Off-Site Care/Consultations" were reviewed and is compliant with NDS standards.

Ten charts were reviewed using the IHSC Quality of Care Audit Tool to evaluate this area.
-10 of 10 (100%) had an outbound progress note.
-0 of 10 (0%) showed evidence that earlier intervention might have prevented deterioration to the point of needing ED/hospital care.
-10 of 10 (100%)had discharge documentation from the hospital and an inbound assessment.
There was no evidence to suggest that earlier intervention could have prevented deterioration to the point of needing outside emergency care. In every case reviewed, the hospital's recommendations were acknowledged and carried out.

PREVIOUS FINDING (July 2016):No findings noted.

Medication Administration Practices

POLICIES REVIEWED: LPC policy 13-70, "Pharmaceuticals" was reviewed and is compliant with NDS standards.

Laredo Processing Center contracts with Diamond Pharmacy for pharmaceutical services. Orders are placed on a daily basis and more frequently, as needed. Medication ordered prior to 12 noon are received the next day. Diamond Pharmacy conducts quarterly audits evaluating the pharmaceutical practices. Pill line takes place in the clinic through a pill line window. The facility uses computerized Medication Administration Records (MARs).

Ten medication administration records (MARs) were reviewed using the IHSC Quality of Care Audit Tool to evaluate this area.
-LPC policy 13-70, "Pharmaceuticals" specifies that if certain medications are missed for threee consecutive doses, that the patient should be referred to one of the medical providers. These medications include anticonvulsants, antipsychotics, antidepressants, anti-tuberculosis, anticoagulants, HIV, and HCV medications.
-Based on a review of recent MARs, approximately 20% had either blanks, or "no shows" documented. The majority of MARs reviewed only had one or two "no-shows" documented for the entire month. With the exception of documented "no-shows" the MARS were found to be complete and well organized.
-LPC uses an electronic MAR, therefore there were no MARs which needed to be filed.
-The HSA estimated that approximately 40% of patients are on self-administered medication.
-Over the counter (OTC) medication can be obtained from both the medical department and the commissary.
-Of the ten charts reviewed, none had any documented refusals. Three of the MARs reviewed had "no show" documented. Entries marked "no-show" did not have a corresponding refusal form entered into the chart. This is a repeat finding. The HSA stated that nurses conducting pill line are not supposed to document "no-show" on the MAR, and instead, are supposed to obtain a signed refusal from the detainee. She felt that there is a possibility that the documented no-shows could either have been human error (clicking the wrong selection in the EMR) or possibly a technical problem with the EMR. She feels this is so because detainees are required to sign a log when they show up to pill line and in every case investigated, the detainee had signed the log on the date the MAR indicated "no show". The HSA advised me that she would continue to investigate this problem and seek a resolution.

Continuity of Medication

POLICIES REVIEWED: None

When a detainee arrives to the facility with chronic medications the intake nurse calls the on-call provider for orders/instructions. After reviewing the medication, the provider will provide a telephone order to continue the medication, if indicated. The medication is continued until the physical exam, at which time it is reordered as necessary.

Ten charts were reviewed using the IHSC Quality of Care Audit Tool designed for this purpose.
-10 of 10 (100%) charts showed that medications were ordered in less than 24 hours from completion of the intake.
-In 10 of 10 (100%) cases, the period of time from order to first dose was less than 24 hours.

PREVIOUS FINDINGS (October 2016): No findings noted.

Mental Health Screen

POLICIES REVIEWED: LPC policy 13-61, "Mental Health Services" was reviewed and is compliant with NDS standards.

All detainees are screened for mental illness as part of the medical intake. Questions range from screening for acute psychosis to questions in reference to past physical or sexual abuse. Any positive answer requires a mental health referral.

Ten charts selected from the mental health caseload were reviewed using the IHSC Quality of Care Audit Tool designed for this purpose.
-9 of 10 (90%) with positive screens for mental illness were evaluated by a mental health professional in a timely manner. All were considered routine referrals, which per LPC policy, are to been seen within 14 days. This is a repeat finding.

PREVIOUS FINDINGS (October 2016): One out of five mental health referrals reviewed was seen greater than seven days by a mental health provider.

Medical Recordkeeping Practices

POLICIES REVIEWED: LPC policy 13-58, "Medical Records" was reviewed and is compliant with NDS standards.

Laredo Processing Center uses an electronic medical record (EMR) called All Scripts. No paper files or charts are kept and any documentation done on paper is scanned into the record and shredded.

10 charts were reviewed using the IHSC Quality of Care Audit Tool. Review of medical records revealed no areas for concern.

PREVIOUS FINDINGS (October 2016): No findings noted.

Pregnant Women

POLICIES REVIEWED: LPC policy 13-73, "Pregnancy Management and Contraception" was reviewed and is compliant with NDS standards.

All female detainees are screened for pregnancy with a urine HCG test upon arrival to the facility. Those who test positive are referred to the provider and evaluated on the following work day. ICE/ERO personnel are also notified, and pregnant detainees are released within a day.

10 charts were reviewed using the IHSC Quality of Care Audit Tool. Most of the cases reviewed were only at the facility for 24-48 hours.
-10 of 10 (100%) charts had a documented pregnancy test completed during intake and prior to x-ray or initiation of medication.
-Only two of the ten stayed at the facility long enough to see a provider. 2 of 2 (100%) had an OB/GYN consult ordered within seven days of pregnancy confirmation; however, both left the facility prior to the appointment.

-0 of 2 (0%) had screening done for HIV, STI, or viral hepatitis. According to the HSA, lab work on pregnant women is left for the OB/GYN to order and she also stated that labs are not normally done because ICE's protocol has been to releases them within 24-48 hours. The HSA is aware that ICE will not be automatically releasing pregnant detainees going forward.

PREVIOUS FINDINGS (October 2016): No findings noted.

Dental Care

POLICIES REVIEWED: LPC policy 13-13, "Dental Care" was reviewed and is compliant with NDS standards.

A contract dentist comes in every Monday and is assisted by the nursing staff. The dentist is present at the facility for 3-4 hours, on average, and performs basic dental procedures. An outside consult is requested for advanced dental treatments.

10 charts were reviewed using the IHSC Quality of Care Audit Tool.
-10 of 10 (100%) received a dental screening during intake. All new intakes are asked about dental concerns/pain.
-10 of 10 (100%) were evaluated by a qualified health professional within 48 hours of the request.
-10 of 10 (100%) dental notes reviewed described findings, diagnosis, treatment, and plans.
-1 of 1 (100%) were scheduled for follow-up treatment as recommended.

PREVIOUS FINDINGS (October 2016): No findings noted.

Acute Laboratory Testing

POLICIES REVIEWED: LPC Policy 13-31, "Diagnositic Services" was reviewed and is compliant with NDS standards.

Laredo Processing Center has the capability of performing pregnancy tests, accuchecks, stool guiac tests, and urine dips in house. Laredo Processing Center nursing staff collect blood specimens as ordered. Bio-Reference is contracted to pick up and process the labs collected at the facility, and results are linked into the electronic medical record. Routine pick up is Monday through Friday. When stat labs are needed, they are drawn and delivered by facility staff to Laredo Medical Center to facilitate quick results. Critical value results are communicated by telephone to the facility and immediately reported to the on-call provider.

The IHSC Quality of Care Tool was used to evaluate ten medical records containing lab work.
-10 of 10 (100%) had lab work collected within one day of the ordered date. All lab orders reviewed were ordered during an initial chronic care / health appraisal appointment. Standard protocol at LPC is to have labs collected prior to the second chronic care appointment which occurs prior to day 30 at the facility.
-10 of 10 (100%) were routine labs and had a report back and acknowledged within seven days.
-10 of 10 (100%) had an appropriate clinical response. There were two lab reports which contained abnormal labs. In both cases, the medical record did not contain an appropriate clinical response or corresponding notation from the reviewing physician.
-7 of 10 (70%) patient charts reviewed had documentation that the patient was advised of lab results. Allscripts electronic medical record used by LPC has chronic care templates for common illnesses including hypertension, diabetes, seizures, and HIV. All templates reviewed, with the exception of diabetes, included a prompt that a provider could select indicating that they had advised the patient of any lab work. The three charts found which did not have documentation that the patient was advised of lab results were all diabetic charts.

PREVIOUS FINDINGS (October 2016): No findings noted.

Diagnostic Services and Specialty Care Access

POLICIES REVIEWED: LPC Policy 13-31, "Diagnositic Services" was reviewed and is compliant with NDS standards.

Laredo Processing Center screens for tuberculosis by performing chest x-rays on all detainees during intake. LPC has a contract with CMMS Imaging to perform chest x-rays as well as other simple radiographs. More complicated x-rays and other radiological procedures are sent out to Laredo Medical Center. Specialty consult appointments (cardiology, oral surgery, OB/GYN, etc.) can generally be found within the city of Laredo. According to the HSA, there have been no difficulties trying to obtain specialty care for detainees.

10 charts were reviewed using the IHSC Quality of Care Audit Tool.
-0 of 10 (0%) orders for specialty care contained a documented time urgency included on the order. This is a repeat finding.
-10 of 10 (100%) specialty appointments were seen within 45 days of the order.
-10 of 10 (100%) cases had documentation that the facility clinician acknowledged the specialist's report in the medical record within 7 days of the date of service.

PREVIOUS FINDINGS (October 2016): A time urgency was not included in the majority of physician orders for outside referrals.

Mental Health Treatment Planning

POLICIES REVIEWED: LPC Policy 13-61, "Mental Health Services" was reviewed and is compliant with NDS standards.

Detainees who arrive with mental health medication are referred to the psychiatrist at the time of intake. A verbal order is received from the psychiatrist addressing whether or not to continue medication. Other patients requesting mental health services or who are identified at intake as having potential mental health issues are usually first referred to the LPC. If necessary, the LPC will refer detainees to the psychiatrist for medication or more advanced

care.

10 charts out of the mental health case load were reviewed using the IHSC Quality of Care Audit Tool.
-10 of 10 (100%) had clinical assessment, treatment, and follow-up plan documented.
-10 of 10 (100%) had documentation that treatment plans were being updated at a minimum of every 90 days.

PREVIOUS FINDINGS (July 2016): (1)Mental health treatment plans not consistently updated at minimum of every 90 days. (2)The psychiatrist documented to follow-up "as needed" in the plan of care for detainee on psychotropic medication, placing responsibility on patient to request follow-up mental health appointments.

Treatment of Disability

POLICIES REVIEWED: LPC Policy 13-82, "Special needs Treatment Plans" was reviewed and is compliant with NDS standards.

Six charts were reviewed using the IHSC Quality of Care Audit Tool.
-The facility does not maintain a list of all detainees with disabilities.
-6 of 6 (100%) had the disability prominently displayed in bold and red on the patient identification page within the electronic medical record.
-6 of 6 (100%) was assessed for assistance of activities of daily living (ADL) upon identification of disability and appropriate accommodation orders were entered.

PREVIOUS FINDINGS (October 2016): No findings noted.

Complaints and Grievances

POLICIES REVIEWED: LPC policy 13-8, "Complaint Resolution" was reviewed and is consistent with NDS standards.

Grievance forms and a locked grievance collection box are available in all dorms. Grievance forms are picked up daily, and the HSA addresses all medical grievances. According to the HSA, grievances are answered within five days.

There has been no medical grievances filed within the past 6 months.

PREVIOUS FINDINGS (October 2016): The HSA stated that grievances are addressed within 7 working days. There were no grievances to review.

Diabetes

POLICIES/CLINICAL PRACTICE GUIDELINE REVIEWED: LPC Policy 13-6, "Chronic Care & Disease Management" and Federal Bureau of Prisons (FBOP) Clinical Practice Guidelines - "Management of Diabetes" was reviewed and is compliant with NDS standards.

Ten diabetic medical records were reviewed using the IHSC Quality of Care Tool designed for this purpose.
-Laredo Processing Center uses the FBOP Clinical Practice Guidelines for the management of diabetes.
-10 of 10 (100%) had a blood sugar measured at intake.
-10 of 10 (100%) were seen for chronic care by a medical provider within 14 days. Three others left the facility before being seen for chronic care and prior to day 14.
-Only four of the charts reviewed stayed at LPC long enough to been seen for chronic care. 4 of 4 (100%) had a baseline HgA1C and lipid panel, had degree of control documented. Additionally all had strategies to attain diabetes control documented due to HgA1C being above goal.
-2 of 2 (100%) had aspirin prescribed , as clinically indicated.

PREVIOUS FINDINGS (October 2016): No findings noted.

Human Immunodeficiency Virus (HIV)

POLICIES/CLINICAL PRACTICE GUIDELINE REVIEWED: LPC Policy 13-6, "Chronic Care & Disease Management" and FBOP Clinical Practice Guidelines - "Evaluation and Management of HIV Infection" was reviewed and is compliant with NDS standards.

Two HIV medical charts were reviewed using the IHSC Quality of Care Audit Tool.
-Laredo Processing Center uses FBOP Clinical Practice Guidelines for the management of HIV.
-In both charts reviewed, HIV was identified through patient interview.
-1 of 2 (50%) had a CD4+ and viral load completed within 14 days following HIV identification. Normal procedure at LPC is for detainees with chronic illness to be seen within 14 days for an initial chronic care appointment and health appraisal. Labs are ordered at that time and done prior to day 30, when a follow-up chronic care appointment is scheduled. This allows the provider to have all necessary lab work to review at this appointment.
- 2 of 2 (100%) were receiving antiretroviral treatment and received a chest x-ray within 72 hours of problem identification.
-Both charts reviewed were from detainees that left prior to receiving an HIV or ID specialist consult and after receiving only an initial chronic care visit. Neither detainee was there long enough to be seen for chronic care follow-up; however, detainees with chronic illness are seen for chronic care at a minimum of every three months at LPC.

PREVIOUS FINDINGS (October 2016): No findings noted.

Hypertension

POLICIES/CLINICAL PRACTICE GUIDELINE REVIEWED: LPC Policy 13-6, "Chronic Care & Disease Management" and NCCHC Guidance for Disease Management in Correctional Settings - "Hypertension" was reviewed and is compliant with NDS standards.

Ten charts of hypertensive patients were reviewed using the IHSC Quality of Care Audit Tool designed for this purpose.
-Laredo Processing Center uses NCCHC Clinical Practice Guidelines for the management of hypertension.
-10 of 10 (100%) had a documented blood pressure on the medical intake.
-10 of 10 (100%) patients were seen by a medical provider within the first 14 days at the facility.
-Two of the ten charts reviewed revealed intake systolic blood pressure greater than 140 or a diastolic pressure greater than 90. In 2 of 2 cases (100%) there was documentation that the nurse called and received a treatment plan from the provider which included medication and

blood pressure monitoring.
-In 10 of 10 (100%) cases, it appeared that a chronic disease guideline was followed.

PREVIOUS FINDINGS (October 2016): No findings noted.

Asthma

POLICIES/CLINICAL PRACTICE GUIDELINE REVIEWED: LPC Policy 13-6, "Chronic Care & Disease Management" and FBOP Clinical Practice Guidelines - "Management of Asthma" was reviewed and is compliant with NDS standards.

Ten charts of asthma patients were reviewed using the IHSC Quality of Care Audit Tool prescribed for use in this area.
-Laredo Processing Center uses the FBOP Clinical Practice Guidelines for the management of asthma.
-10 of 10 (100%) were seen for chronic care within 14 days of illness identification.
-2 of 10 (20%) had a baseline peak flow measured at the medical intake.
-3 of 3 (100%) had peak flows measured at the initial chronic care appointments. All other asthma charts reviewed during this audit departed prior to the initial chronic care appointment. Asthmatics are seen for chronic care at a minimum of every 90 days.
-5 of 10 (50%) cases appeared to follow a clinical practice guideline. The five cases in which a peak flow measurement was not recorded were considered not to have received disease management consistent with a clinical practice guideline.

PREVIOUS FINDINGS (October 2016): Baseline peak flow measurements were not completed during either the medical intakes or the physical exams of asthmatic patients.

Seizure Disorder

POLICIES/CLINICAL PRACTICE GUIDELINE REVIEWED: LPC Policy 13-6, "Chronic Care & Disease Management" and NCCHC Guidance for Disease Management in Correctional Settings - "Epilepsy" was reviewed and is compliant with NDS standards.

Six charts of seizure patients were reviewed using the IHSC Quality of Care Audit Tool prescribed for use in this area.
-Laredo Processing Center uses NCCHC Clinical Practice Guidelines for the management of seizures.
-6 of 6 (0%) had an appropriate neurological assessment completed at the initial physical exam. All were seen for chronic care by a medical provider within 14 days of illness identification, had serum drug levels ordered, had an established treatment plan, and orders for a bottom bunk.

PREVIOUS FINDINGS (October 2016): Inconsistent documentation of neurologic history at initial physical exam of detainees with seizure disorder.

Recommendations

1. Recommend that HIV lab work (CD4 and viral load) be obtained within the first 14 days.
2. Ensure to advise all detainees of lab results. Consider having the diabetes chronic care template amended to include a prompt for which the provider can select when lab education is provided.
3. Recommend scheduling routine mental health referrals with a mental health provider within the first seven days at the facility.
4. Recommend that pregnant detainees receive screening for STIs, HIV, and hepatitis.
5. Recommend that a list is maintained of all detainees with a disability.
6. Recommend that peak flow measurements be included as part of the physical exam on detainees with asthma. Implement CQI process to measure compliance.
7. Recommend adding time urgency to all orders for specialty care.
8. Provide education to nurses regarding refusal requirement for any "no-show" in medication line or to ensure that this technical error is resolved through education.
9. Ensure clinical practice guideline is followed for treatment of Asthma. Consider CQI process to monitor.

Facility Actions

Additional Comments

End of Report

IHSC, Field Medical Coordinator	
Name: ICE	Email: ICE
Phone Number: ICE	Date Prepared: 10/02/2017
IHSC, Regional Field Medical Coordinator ☒ West ☐ East	
Name: ICE	Email: ICE
Phone Number: ICE	Date Reviewed: 10/23/2017
IHSC, Chief, Medical Case Management Branch	
Name: ICE	Email: ICE
Phone Number: ICE	Date Approved:
IHSC, Headquarters	
Name: ICE	Title: Regional Field Medical Coordinator
Email: ICE	Phone Number: ICE
Signature: ICE Digitally signed by ICE DN: cn=ICE, o, ou=IHSC, email=ICE, c=US Date: 2017.10.23 14:57:33 -07'00'	**Final Approval Date:** 10/23/2017

Recommendations:

1. Share report with field office and facility.
2. Routine site visit in six months.